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1998-11-10 11:46:54  
Cook County Recorder 23.50

DECEASED JOINT  
TENANCY AFFIDAVIT



STATE OF ILLINOIS )  
COUNTY OF COOK )

Sophie M. Borowski, being duly sworn and for the purpose of attesting to the death of Michael Borowski, states:

1. That she resides at 6000 W. Melrose, Chicago, IL 60634
2. That she was acquainted with Michael Borowski, who died on December 13, 1964, as is evidenced by the attached certified copy of death certificate;
3. That said decedent was one of the joint owners of land in County of Cook, State of Illinois, described as follows:

Lot 41 (except the West 90.98 feet thereof) in Charles Booths Belmont Avenue addition to Chicago of the South half of the South half of the South West quarter and of the South Ten (10) Acres of the North half of the South half of the south West quarter of Section 20, Township 40 North, Range 13, East of the Third Principal Meridian.

P.I.N. 13-20-327-032

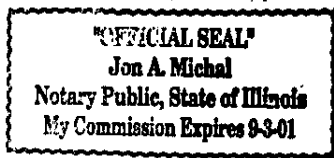
Commonly known as: 6000 West Melrose, Chicago, IL 60634-4205

4. That said decedent died leaving no last will and testament.
5. That the total value of the estate of said decedent for State of Illinois inheritance tax and Federal estate tax purposes does not exceed \$75,000.00

*Sophie M. Borowski*

Subscribed and Sworn to before me this 26th day of October, 1998.

*[Handwritten signature]*



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December 15, 1964

STATE OF ILLINOIS }  
COUNTY OF COOK } SS  
CITY OF CHICAGO }

I, Samuel L. Andelman, M.D., Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy of a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID  
Only When Original BLUE  
SEAL And BLUE SIGNATURE  
Are Affixed.



Samuel L. Andelman, M.D.  
LOCAL REGISTRAR

FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING

STATE FILE NUMBER 893370

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

DECEDENT'S BIRTH NO. # 48		REGISTRATION DISTRICT NO. 16.10		REGISTERED NUMBER 893370	
1. PLACE OF DEATH a. STATE ILLINOIS		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission.) b. COUNTY COOK		3. NAME OF DECEASED a. (FIRST) MICHAEL	
c. INSIDE corporate limits and in City, Village, or Incorporated Town CHICAGO		c. INSIDE corporate limits and in City, Village, or Incorporated Town CHICAGO		4. DATE OF DEATH (YEAR) (MONTH) (DAY) (YEAR) DECEMBER 13, 1964	
d. OUTSIDE corporate limits and in Township name Road District No.		e. LENGTH OF STAY IN IC or ID 66 YEARS		9. LENGTH OF RESIDENCE AT 2c or 2d 66 Years	
f. NAME OF HOSPITAL OR INSTITUTION ST. ANNE'S HOSPITAL		g. LENGTH OF STAY IN IC or ID 9 HOURS		10. USUAL OCCUPATION TRUCKING	
h. If not in hospital or institution, give Street & No. or R.F.D. and Post Office 6000 W. MELROSE STREET		11. BIRTHPLACE (City and state or foreign country) CHICAGO, ILLINOIS		12. Citizen of what country USA	
3. NAME OF DECEASED MICHAEL		b. (MIDDLE)		14. MOTHER'S FULL MAIDEN NAME ANNA SCHUMAN	
5. SEX MALE		6. RACE WHITE		17. INFORMANT a. SIGNATURE [Signature]	
7. MARRIED NEVER MARRIED, WIDOWER, DIVORCED, MARRIED		8. DATE OF BIRTH AUG. 18, 1898		b. ADDRESS 4950 W. THOMAS ST., CHGD MED. REC. CLERK	
10a. USUAL OCCUPATION TRUCKING		11. BIRTHPLACE (City and state or foreign country) CHICAGO, ILLINOIS		c. RELATIONSHIP TO DECEASED	
13. FATHER'S FULL NAME JOHN BOROWSKI		15. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) NO		16. SOCIAL SECURITY NUMBER 349-03-7014	
18. MEDICAL CAUSE OF DEATH PART I. DEATH WAS CAUSED BY (Enter only one cause per line for (A), (B) and (C).) IMMEDIATE CAUSE (A) Acute pulmonary embolism		19a. DATE OF OPERATION, IF ANY 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last. [ due to (B) Acute myocardial infarction. [ due to (C) Arteriosclerosis of Heart Disease		21. I hereby certify that I attended the deceased from 12-12-64 to 12-13-64, that I last saw the deceased alive on 12-12-64 and death occurred at 10 A.M., from the causes and on the date stated above.		NOTE: If an injury was involved in this death, the Coroner must be notified.	
Signature [Signature]		Date Dec. 13, 1964		Illinois License No. 3211	
Address 5719 W. North		Chicago, Illinois		Phone M.P. 7-6900	
22. DISPOSITION: BURIAL-REMOVAL-CREATION Date 12/16/64		23. FUNERAL DIRECTOR Palec Funeral Home		SIGNATURE [Signature]	
CEMETERY St. Joseph		LOCATION River Grove, Illinois		ADDRESS 834 N. Ashland Ave. Chicago 22, Illinois	
24. Received for filing on DEC 14 1964		(Signed) Samuel L. Andelman, M.D.		LOCAL REGISTRAR	

ORIGINAL # 48

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